United States Department of State



Washington, D.C. 20520

July 15, 2019

ADDENDUM TO RWANDA COUNTRY OPERATIONAL PLAN 2019 APPROVAL MEMO

TO: S/GAC – Deborah L. Birx, Ambassador-at-Large; Coordinator of the

United States Government Activities to Combat HIV/AIDS and U.S.

Special Representative for Global Health Diplomacy

SUBJECT: Updated Rwanda Country Operational Plan 2019 Approval

This Addendum serves as an update to the Rwanda 2019 Country Operational Plan (COP) Approval Memo which was signed and approved in Washington, DC on May 16, 2019, with a change to the distribution of Prior Year COP Funds (Applied Pipeline Funds) due to the preliminary release of the Rwanda Population-based HIV Impact Assessment (PHIA) results. This addendum will increase PEPFAR Rwanda's Applied Pipeline by \$3,805,966, and raise the overall COP 2019 Rwanda budget to \$74,505,966.

Updates included and described in this addendum replace the COP 2019 approved budget listed in the original memo as well as information and charts included in the "Funding Summary" section, the "Budgetary Requirements" section, and the appendix. There are no changes to targets at the OU-level, agency-level, or partner level with this update, or to any other information included in the original approval memo and not specifically highlighted in this addendum. All systems and documentation (FACTS NextGen and COP19 FAST) will be updated accordingly.

Changes to COP 2019 Approved Budget

With this addendum, Rwanda's COP 2019 total budget is \$74,505,966. The distribution between new GHP-State funds and prior year funds is updated and the COP 2019 funds are broken down as follows:

Rwanda	New Funding		Total Budget FY2020	
	(all accounts)*	Pipeline**	Implementation	
Total Budget	63,301,700	11,204,266	74,505,966	
COP 19 Bilateral	63,301,700	11,204,266	74,505,966	
Central TLS Funds	-	-	-	

^{*} New Funding may refer to FY 2019 or other FY appropriations newly allocated for implementation in FY 2020 with COP 2019; accounts indicated in detailed tables.

Changes to Funding Summary

With this addendum, the below funding table replaces the funding table originally included in the May 16, 2019, approval memo. Updates have been made to increase the applied pipeline funds for HHS/CDC, DoD, and USAID by \$3,805,966 and raise the overall COP 2019 Rwanda budget to \$74,505,966.

	FY 2019 New			Total Name Foods	A	Total COP 19
Rwanda	GHP-State	GHP-USAID	GAP	Total New Funds	Applied Pipeline*	Bilateral Budget
DOD TOTAL	4,050,677	-	-	4,050,677	481,397	4,532,074
of which, VMMC	2,813,726	-	-	2,813,726	247,472	3,061,198
HHS TOTAL	25,134,043	-	1,440,625	26,574,668	10,111,110	36,685,778
HHS/CDC	25,134,043	-	1,440,625	26,574,668	10,111,110	36,685,778
of which, Surveillance and Public Health						
Response	2,553,083	-	-	2,553,083	835,500	3,388,583
of which, VMMC	3,486,623	-	-	3,486,623	345,057	3,831,680
STATE TOTAL	185,394	-	-	185,394		185,394
State	7,000	-	-	7,000	-	7,000
State/PRM	178,394	-	-	178,394	-	178,394
State/SGAC	-	-	-	-	-	-
USAID TOTAL	32,490,961	-	-	32,490,961	611,759	33,102,720
USAID, non-WCF	22,220,743	-	-	22,220,743	611,759	22,832,502
of which, DREAMS	5,116,307	-	-	5,116,307	45,150	5,161,457
of which, USAID LES	200,000	-	-	200,000	-	200,000
of which, VMMC	257,595	=	-	257,595	-	257,595
USAID, WCF	10,270,218	-	-	10,270,218	-	10,270,218
of which, Surveillance and Public Health						
Response	617	-	-	617	-	617
of which, VMMC	439,049	-	-	439,049	-	439,049
TOTAL	61,861,075	-	1,440,625	63,301,700	11,204,266	74,505,966
of which, DREAMS	5,116,307	-	-	5,116,307	45,150	5,161,457
of which, Surveillance and Public Health						
Response	2,553,700	-	-	2,553,700	835,500	3,389,200
of which, USAID LES	200,000	-	-	200,000	-	200,000
of which, VMMC	6,996,993	-	-	6,996,993	592,529	7,589,522

^{*} Pipeline refers to funding allocated in prior years, approved for implementation in FY 2020

S/GAC will notify the transfer of \$3,805,966 in FY 2018 funds from a Department of State TBD mechanism to HHS/CDC, DoD, and USAID. Building upon the conditions in the original COP 19 approval memo to create a national policy that ensures that tenofovir/lamivudine/dolutegravir (TLD) regimens are made available to all women, including those of child-bearing age without requiring contraception, this addendum will require two additional conditions that need to be met before the

^{**} Pipeline refers to funding allocated in prior years and approved for implementation in FY 2020 with COP 2019

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funds can be released. First, the TLD circulars are developed and shared at the site level instructing clinicians on the updated policy. Second, the Rwanda Ministry of Health signs an agreement to share data from non-PEPFAR supported facilities on case detection, linkages to care and retention with PEPFAR Rwanda. These funds will be held by the respective agencies until two conditions are met by PEPFAR Rwanda.

These funds will be allocated to address key strategies for COP 2019, particularly index testing and use of recency testing. These key strategies were determined based off the gaps to epidemic control as identified by the Rwanda PHIA and the table below describes the key strategies by implementing agencies:

Agency	Activity Description	PHIA Funds
USAID	Condoms and Lubricant	\$45,150
DoD	Care and Treatment support	\$151,469
	VMMC	\$131,895
	Prevention	\$70,026
CDC	Implementation, monitoring and improvement of key strategies and initiatives (index testing, family self-testing, recency testing, TLD transition, linkage and retention improvements) in all PEPFAR-supported sites	\$2,035,727
	Upgrade of EMR, integration of NPID and Roll out CBS with integrated NPID beyond 23 phase one sites	\$522,490
	Testing and implementing new targeted case finding methods for KPs (non-MoH partner, mech TBD)	\$310,210
	Initiatives to improve VL coverage and VLS	\$176,000
	Site level monitoring and mentorship of phase one TPT implementation	\$122,000
	Testing and Implementation of HIV testing screening tool	\$110,000
	Phase one implementation of POC recency testing	\$71,000
	Pre-Implementation Preparation for 6 months MMP implementation	\$60,000

Changes to Budgetary Requirements

With this addendum, no changes are made to the Care and Treatment.